

CRBOH

ANNUAL CONFIRMATION OF PART-TIME WORK FOR PARTIAL RETIREMENT

Name:	ROH <input type="checkbox"/>	ROHT <input type="checkbox"/>	Reg. No:
Tel: (____) _____ - _____	e-mail:		

I hereby declare that I have respected the maximum work of 640 hours a year in practicing Occupational Hygiene under the Partial Retirement Status requirements of the CRBOH "Policy on Retired Status" in the year _____.

I have documented those hours and could submit a complete registry if requested by the CRBOH Registrar.

Signed

Dated

Please complete and email to the Registrar, CRBOH at registrar@crboh.ca.